

s a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

described and claimed in the specification:

	on	

*a.		attached heret	to.		
b.	\sqcap	filed on	as Application No	and amended on	_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed within one year prior to this application are hereby claimed:

Japanese Patent Application No. 2003-345709, filed October 3, 2003.

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771; Mario A. Costantino, Reg. No. 33,565; and Caroline D. Dennison, Reg. No. 34,494.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

ypewritten Full Nam f First or Sole Inven		Naova		SUNACHI
This or sole inventor		Given Name	Middle Initial	Family Name
*Inventor's Signature:		Naoya		Sunachi
*Date of Signature:		May		2004
	-	Month	Day	Year
Residence:	Tokyo			Japan
	Cit	у	State or Province	Country
Citizenship:	Japanese			
	Post Office Address: (Insert complete	c/o DOWA MINING CO	O., LTD.	
	mailing address, including country)	8-2, Marunouchi 1-chon	ne, Chiyoda-ku, Tokyo 100-8282 Japan	
*If Box (a.) is check	ked, this form may be ex	ecuted only when attached	to the specification (including claims).	
**Note to Inventor:	Please sign name exactly	as it appears above and in	nsert actual date of signing.	

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE

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PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

	Typewritten Full Nan				
	of Second Joint Inven	itor (if any)	Hiroyuki		MATSUOKA
			Given Name	Middle Initial	Family Name
	**Inventor's Signature	<u> </u>	Hiroyuki		Matsuoka
	**Date of Signature:		May	- /4	- 2004
	Residence:	Tokyo	Month	Day	Year Japan
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·	Post Office Address: (Insert complete mailing address,	c/o DOWA MINING CO., L	TD.		
	including country)	8-2, Marunouchi 1-chome, C	hiyoda-ku, Tokyo 100-8282 Japa	n	
	Typewritten Full Nam of Third Joint Invento				
		•	Given Name	Middle Initial	Family Name
	**Inventor's Signature	:			
	**Date of Signature:				
	Residence:		Month	Day	Year
	Citizenship:	· C	ity	State or Province	Country
	·	Post Office Address: (Insert complete mailing address, including country)			
	Typewritten Full Nan			······································	
	of Fourth Joint Inven	itor (if any)			
	,		Given Name	Middle Initial	Family Name
	**Inventor's Signature				
	**Date of Signature:				
	Residence:		Month	Day	Year
		Ci	ty	State or Province	Country
	Citizenship:	Post Office Address:			
		(Insert complete mailing address, including country)			
	Typewritten Full Nan	ne			
	of Fifth Joint Invento	or (if any)	<u> </u>	***	
	**Inventor's Signature	· 	Given Name	Middle Initial	Family Name
	**Date of Signature:				
			Month	Day	Year
	Residence:				
	Citizenship:	City	S	tate or Province	Country
	•	ice Address:			
	1 Ost Oili	(Insert complete mailing address,			
	**** =	including country)	atly as it annears and insert t		
	Note to Inventor	re. Planca cian nama ava	etly ac it annears and insert t	he actual date of cigning	

[&]quot;Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.